

APPENDIX D – SAMPLE AUDIT

Claim Number:

Department of Labor & Economic Growth
Wage & Hour Division
Prevailing Wage Sample Audit

Date:

Revised 10/04/04

Investigator:

Contracting Agent Information		Employer/Contractor Information	
Name:		Name:	
Address:		Address:	
City:		City:	
State:	ZIP:	State:	ZIP:

Complainant Information		Construction Mechanic Information	
Name:		Name:	
Address:		Address:	
City:		City:	
State:	ZIP:	State:	ZIP:
Contact:		Classification:	

Project Information			Prime Contractor Information	
Project Name:			Name:	
Project Description:			Address:	
Project Location:	Address:		City:	
	City:		State:	ZIP:
	State:	ZIP:	Project Manager	
Period Worked on the Project (Dates):			Name:	
			Address:	
Total period of employment (Dates):			City:	
			State:	ZIP:

Sample Audit Calculations								
Hourly Rate:				Total Hourly Fringe Benefit Credit* \$0.00 * See calculations on second page				
		Paid	Required					
Regular								
Overtime rate (1.5x):								
Premium rate (2x):								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Period Ending	Regular Hours Worked	Overtime Hours Worked	Premium Hours Worked	Total Wages Paid	Total Fringes Paid	Total Wages & Fringes Paid	Total Wages & Fringes Earned	Gross Wages & Fringes Due
					\$0.00	\$0.00	\$0.00	\$0.00
						\$0.00	\$0.00	\$0.00

Comments:

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Fringe benefits paid (list):							
	Benefit Year		Amount paid directly	Written contract or policy	Monthly made on behalf	Known per hour amount	0
	Calendar	Other					0
Vacation							0
Sick							
Personal							
Holiday							
Bonus							
Life Insurance							
Health Insurance							
Retirement							
Training							
Other							
Hourly Fringe Benefit Credit Calculations							
Vacation	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Sick	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Personal	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Holiday	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Bonus	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Life Insurance	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Health Insurance	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Retirement	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Training	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
Other	\$0.00	/	0 Annual Hours		=	\$0.00	
						\$0.00	
						\$0.00	Total Fringe Benefit Credit